FORM **BCA 13,15** (rev. Dec. 2003) APPLICATION FOR AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS

Business Corporation Act

www.cyberdriveillinois.com

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 FILED

DEC 16 2005

JESSE WHITE SECRETARY OF STATE ILLINOIS WAS COMMERCE COMMISSION

2006 JAN -3 P 12: 44

CHIEF CLERK'S OFFICE

05-0683

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check

pay SEE	able to the Secretary of State. File #			
Filir	ng Fee \$ \(\sum_{\infty}\) Franchise Tax \$ \(\sum_{\infty}\) Penalty/Inte	rest \$T	otal \$	Approved:
	Submit in duplicate	k ink	write above this line-	
1.	(a) CORPORATE NAME: Clear Rate Communicat	ions, the		_
	(Complete item 1 (b) only if the corporate name is not available	le in this state.)		
	(b) ASSUMED CORPORATE NAME: (By electing this assumed name, the corporation hereby transaction of business in Illinois. Form BCA 4.15 is atta		s corporate name in	the
2.	State or Country Date of Incorporation		Period of Duration <u>トンア</u> シ	<u> </u>
3.	The state of the s	Address of princip		
11.6 1 71.987	12892 Farmington Rd.			
	Livonia, MT 48150			<u> </u>
4.	Name and address of the registered agent and registered office	ce in Illinois.		
	Registered Agent: Torporation First Name Registered Office: 308 5. Number	Middle Initial	Last nam	
	Registered Office:	Street	2,14	
	Number		Suite #	(A P.O. Box alone is not acceptable.)
	City City	<u> (</u>		
	City -	ZIP Code	County	
5.	States and countries in which it is admitted or qualified to trans	sact business: (Includ	e state of incorporat	ion)
	- Aidhean (Oh) o			
6.	Name and addresses of officers and directors: (If more than 3		ional officers, attach	ı list.)
	Name No. & Street	City		ZIP
	President: Thomas Sans Sans Sans Sans	ROCKUMEN HOLD	M.T.	44.707
	Secretary			
	Director Town Const.	i poplate i A	<u> </u>	4.237.4
	Director			
	Director			

7.	The purpose or purposes for which it was organ state: (If not sufficient space to cover this point,	add one or more sheets of the	nis size)
	Provide local and love distant	~ 18/8/10/11 TENVICE	AND LENGTED LEICTON MARINETTED
	Tradices.		
— <u> </u>	Authorized and issued shares:		
Ο.		Number of Shares	Number of Shares
<u>(7`</u> 	Class Series Par Value	Authorized	Issued
	(11	f more, attach list)	
	<u> </u>		
9.	Paid-in Capital: \$	ital & Paid-in Surplus and is	equal to the total of these accounts.)
10.	 (a) Give an estimate of the total value of all the corporation for the following year: (b) Give an estimate of the total value of all the corporation for the following year that will be 	\$_ property* of the	100 cm
	 (c) State the estimated total business of the cortransacted by it everywhere for the following (d) State the estimated annual business of the cortransacted 	poration to be year: \$ _	7,0000
	transacted by it at or from places of business Illinois:		500,000
11.	Interrogatories: (Important - this section must be	completed.)	
	(a) Is the corporation transacting business in this(b) If the answer to item 11(a) is yes, state the e		enced to transact business in Illinois:
12.	This application is accompanied by a certified copy the last ninety (90) days, by the proper officer of		
13.	The undersigned corporation has caused this appenalties of perjury, that the facts stated herein a		
	Dated Notember 17, 200	5 Clear Ro	te Communications
	(Month & Day) (Year) Marke (Year) (Any Authorized Officer's Signature)	(<u> Fer Com Muniのはいいち</u> Exact Name of Corporation)
	(Print Name and Title)		
	DDODEDTV as used in this application shall apply	of the same of	etien real personal tangible intensible

PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

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JESSE WHITE
SECRETARY OF STATE

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6461-563-7

SE	able to the Secretary of SENOTE 1 CONCERNING) FAINENT:					
Filli	ng Fee \$(Franchise Tax \$	Penalty/in	terest \$	Total \$	175	Approved:
	Submit in	duplicate ———	Type or Print clearly in b	ack ink	-Do not write aboy	e this line	
1.	(a) CORPORATE I	VAME: <u>Clear Ro</u>	He Communice	Liens, Inc	· · · · · · · · · · · · · · · · · · ·		
	(Complete item 1 (b)	only if the corporate	e name is not availa	ble in this state.)			
	(Gottiploto Hotti / (G)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	270 117 2110 212101,			
		RPORATE NAME: _					<u> </u>
		s assumed name, the			use its corpora	ate name in	the
	transaction of b	usiness in Illinois. Fo	orm BCA 4.15 is att	ached.)			
2.	State or Country of Incorporation	WI .;	Date of Incorporation	/4/ox	Period of Duration	:	<u>-:::\</u>
 3.	(a) Address of the	principal office, when	rever located: (b) Address of p	rincipal office	in Illinois	
Ψ.	(4) //04/000 01 (110)	, , , , , , , , , , , , , , , , , , ,			e, so state)		
	12893 Farmi	naten Rd.		<u>none</u>	-,	•	
		~					
	•	∷ ∂ (
	Livonia, MI						
	Livonia, MI	7814		<u></u>		· · · · · · · · · · · · · · · · · · ·	
	Livonia, MI	78130					
				7 - 1 - 1 - 1 - 1 - 1 - 1			
 4.	Name and address of		nt and registered of	īce in Illinois.			
 4.	Name and address of	f the registered agen	_	ice in Illinois.			
 4.	Name and address of	f the registered agen	_			l ast name	
 -4.	Name and address of Registered Agent:	f the registered agen	_	Middle Initial	÷+.	Last name	
4.	Name and address of	f the registered agen	_	Middle Initial	áł.	Suite #	(A.P.O, Box alone
 -4.	Name and address of Registered Agent:	f the registered agen First Name 308 Number	<u>Deration</u> Si	Middle Initial । वस्ति। ट Street		Suite #	(A P.O. Box slone is not acceptable.)
 4.	Name and address of Registered Agent:	f the registered agen First Name 308 Number	<u>Deration</u> Si	Middle Initial		Suite #	(A.P.O, Box alone
4.	Name and address of Registered Agent:	f the registered agen First Name 308 Number	_	Middle Initial La 스타니션 - Street (개발(한다		Suite #	(A.P.O, Box alone
	Name and address of Registered Agent:	f the registered agen First Name 308 Number (M) (M)	peration S.	Middle Initial L ユニムルと・ Street (カンピンソ ZIP Code		Suite #	(A.P.O. Box alone is not acceptable.)
	Name and address of Registered Agent: Registered Office:	f the registered agen First Name Number City	peration S.	Middle Initial L ユニムルと・ Street (カンピンソ ZIP Code		Suite #	(A.P.O. Box alone is not acceptable.)
	Name and address of Registered Agent: Registered Office: States and countries in the countries i	f the registered agen First Name Number City	d or qualified to train	Middle Initial I ユムハと・ Street (つごしご거 ZIP Code nsact business: (1	nclude state o	Suite # Suite # County fincorporati	(A.P.O. Box alone is not acceptable.)
5.	Name and address of Registered Agent: Registered Office:	f the registered agen First Name Number City	d or qualified to train	Middle Initial I ユムハと・ Street (つごしご거 ZIP Code nsact business: (1	nclude state o	Suite # Suite # County fincorporati	(A.P.O. Box alone is not acceptable.)
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5.	Name and address of Registered Agent: Registered Office: States and countries in the coun	f the registered agen First Name Number (Ni Lagar) City	d or qualified to train	Middle Initial Street (小でして) ZIP Code nsact business: (1	nclude state o	Suite # Suite # County fincorporati	(A.P.O. Box alone is not acceptable.) On)
5.	Name and address of Registered Agent:	f the registered agent First Name Number City in which it is admitte of officers and direct No. & Street	d or qualified to train	Middle Initial Street Street ZIP Code nsact business: (I	nclude state o additional offi	Suite # County fincorporati cers, attach	(A.P.O. Box alone is not acceptable.)
5.	Name and address of Registered Agent: Registered Office: States and countries in the Name and addresses Name President Space	f the registered agen First Name Number (Ni Lagar) City	d or qualified to train	Middle Initial Street (小でして) ZIP Code nsact business: (1	nclude state o additional offi	Suite # Suite # County fincorporati	(A.P.O. Box alone is not acceptable.) On)
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5. 6.	Name and address of Registered Agent:	f the registered agent First Name Number City in which it is admitte of officers and direct No. & Street	d or qualified to transtors; (If more than	Middle Initial Street Street ZIP Code nsact business: (I	nclude state o additional offi	Suite # County fincorporati cers, attach	(A.P.O. Box alone is not acceptable.) On) If st.)
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	Provide local and love distance	,	
8. <u>"Q</u>	Authorized and issued shares: Class Series Par Value retend A \$1.00	Number of Shares Authorized (ar) CCO	Number of Shares Issued ಾಗಾಂ
	(If mo	ore, attach list)	
 9.	Paid-in Capital: \$	& Paid-in Surplus and is	equal to the total of these accounts.)
10.	 (a) Give an estimate of the total value of all the procorporation for the following year: (b) Give an estimate of the total value of all the procorporation for the following year that will be loc (c) State the estimated total business of the corpor transacted by it everywhere for the following ye (d) State the estimated annual business of the corpor transacted by it at or from places of business in Illinois: 	sperty* of the cated in Illinois: \$ _ ration to be ar: \$ _ coration to be	100 are - 0 7,000 are 500,000
11.	Interrogatories: (Important - this section must be considered in the corporation transacting business in this state (b) If the answer to item 11(a) is yes, state the exact	tate at this time? 🇠	enced to transact business in Illinois:
12.	This application is accompanied by a certified copy of the last ninety (90) days, by the proper officer of the	the articles of incorporation state or country wherein	n, as amended, duly authenticated, within the corporation is incorporated.
13.	The undersigned corporation has caused this applic penalties of perjury, that the facts stated herein are Dated Volume 17 (Year) (Month & Day) (Year) (Any Authorized Officer's Signature) Think Warms and Title)	true. (All signatures mus	uly authorized officer, who affirms, unde t be in BLACK INK.) <u>່ະຍຸ ໄວພາກວາໄຊ Hວາລ</u> Exact Name of Corporation)

The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this

state: (If not sufficient space to cover this point, add one or more sheets of this size)

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

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C-171.15

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6461-563-7

SE	ENOTE 1 CONCERNING PAYMENT!		4 ,
Filir	g Fee \$ 152 Franchise Tax \$ 25 Penalty/Int		
	Submit in duplicate	ack inkDo not wr	te above this line-
1.	(a) CORPORATE NAME: Clear Rate Communica	Hond, Inc	
	(Complete item 1 (b) only if the corporate name is not available	ole in this state.)	
	(b) ASSUMED CORPORATE NAME: (By electing this assumed name, the corporation hereb transaction of business in Illinois. Form BCA 4.15 is att.	y agrees NOT to use its cached.)	orporate name in the
2.	State or Country Date of of Incorporation	Per 	ration perpetual
3.	(a) Address of the principal office, wherever located: (b) Address of principal (If none, so sta	ate)
	Livonia, MI 48150		
4.	Name and address of the registered agent and registered off	ice in Illinois.	
	Registered Agent:	Middle Initial	Last name
	Registered Office: Registered Office: Number	Street	Suite # (A P.O. Box alone is not acceptable.)
	Number	Street Cacional	
	City S	ZIP Code	County
5.	States and countries in which it is admitted or qualified to trans	nsact business; (Include	state of incorporation)
	Michigan, Objo		
6.	Name and addresses of officers and directors: (If more than	3 directors and/or additio	nal officers, attach list.)
	Name No. & Street	City	State ZIP
	President Shake Nova 517 Sousce St.	Rochest tills	MT 44.707
	Secretary		
	Director - Ann Aller		7 777
	Director		
	Director		

The purpose or purposes for which it was organize state: (If not sufficient space to cover this point, add	ed which it proposes to pursue d one or more sheets of this s	in the transaction of business in this ize)		
Provide local and love distance relepione service and related Telecommunication				
\$\tau_1\tau_1\tau_2\tau_1\tau_1\tau_2\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_				
Authorized and issued shares:	Number of Chann	Niverban of Change		
Class Series Par Value	Authorized (50 000	Number of Shares Issued \0,600		
(If mo	ore, attach list)			
Paid-in Capital: \$	& Paid-in Surplus and is equ	al to the total of these accounts.)		
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CORPORATION FILE DETAIL REPORT

Entity Name	CLEAR RATE COMMUNICATIONS, INC.	File Number	64615637
Status	GOODSTANDING		
Entity Type	CORPORATION	Type of Corp	FOREIGN BCA
Qualification Date (Foreign)	12/16/2005	State	MICHIGAN
Agent Name	C T CORPORATION SYSTEM	Agent Change Date	12/16/2005
Agent Street Address	208 SO LASALLE ST, SUITE 814	President Name & Address	THANE NAMY 527 BOLINGER ST ROCHESTER HILLS MI 48307
Agent City	CHICAGO	Secretary Name & Address	SAM NAMY 27281 HYSTONE FARMINGTON HILLS MI 48334
Agent Zip	60604-1101	Duration Date	PERPETUAL
Annual Report Filing Date	00/00/0000	For Year	

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